

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
NOV 17 2021
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0170
Date:	7-27-2022
Amount Paid:	\$75 11-30-21 FIB Res Add (Porch/Deck)
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jason + Cindy Sikorski				Mailing Address: 7578 S. Marsik Rd				City/State/Zip: Lake Nebagamon, WI 54849				Telephone: 817-0073			
Address of Property: 55600 Red Oak Dr.				City/State/Zip: Solon Springs, WI 54873								Cell Phone: 715-812-0072			
Email: (print clearly) csikorski0073@gmail.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		35593		Recorded Document: (Showing Ownership)		2021R		586974			
1/4, 1/4		Gov't Lot 3		Lot(s) 1		CSM 1664 V. 10 P. 9		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section , Township N, Range W				Town of:				Lot Size				Acreage			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 696 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$500	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Septic Leech Field	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Deck Front		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 10'	Width: 10'	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	1416
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	100
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jason Sikorski, Cindy Sikorski
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 11/12/21

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

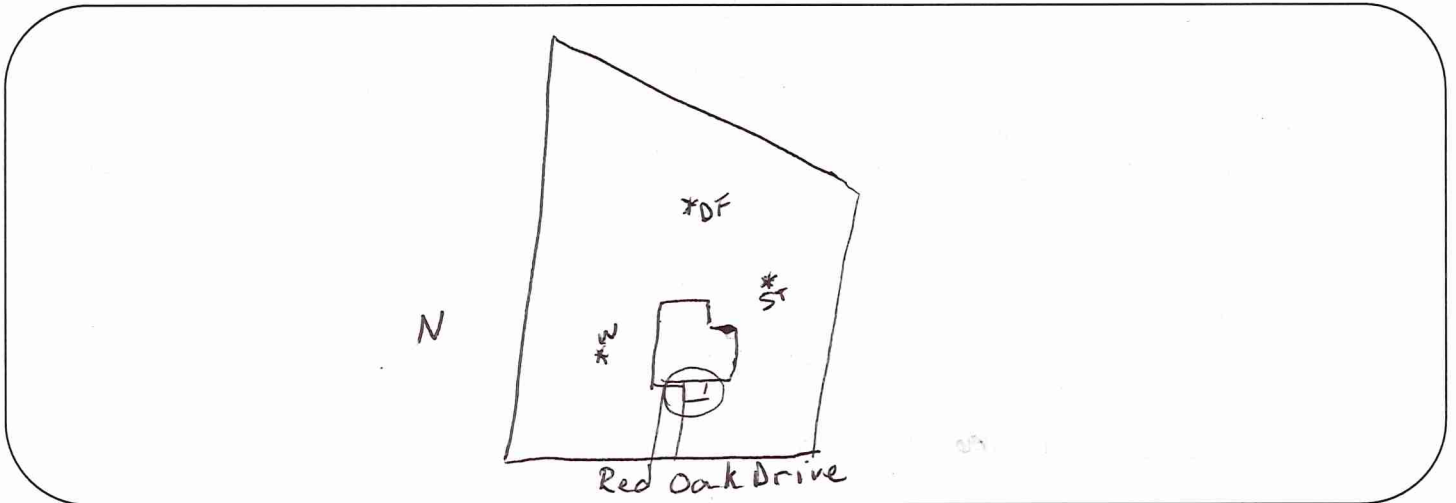
If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8)
- Setbacks:**
- (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	127 Feet	Setback from the Lake (ordinary high-water mark)	696 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	48 Feet	Setback from Wetland	634 Feet
Setback from the South Lot Line	101 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	93 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	102 Feet		
Setback to Septic Tank or Holding Tank	45 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9)
- Stake or Mark Proposed Location(s)**
- of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 367578	# of bedrooms: 3	Sanitary Date: 5/23/01	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0170		Permit Date: 7-27-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner		Date of Re-Inspection:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Re-Inspection:	
Was Proposed Building Site Delineated		Was Property Surveyed		Date of Re-Inspection:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Re-Inspection:	
Inspection Record:					Zoning District (B-1)
Date of Inspection: 7/7/22					Lakes Classification (P/A)
Inspected by: [Signature]					Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
Signature of Inspector: [Signature]					Date of Approval: 7/14/22
Hold For Sanitary: <input type="checkbox"/> _____					
Hold For TBA: <input type="checkbox"/> _____					
Hold For Affidavit: <input type="checkbox"/> _____					
Hold For Fees: <input type="checkbox"/> _____					

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – Existing (# 367578)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0170** Issued To: **Jason & Cindy Sikorski**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **17** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1664**
IN V.10 P.9 IN DOC 2021R-586974

Residential Structure in R-1 zoning district

For: **Add/Alt: Deck (10' x 10') = 100 sq. ft.**

Condition(s): **A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction (if applicable). Meet and maintain setbacks as approved including eaves and overhangs. Build as proposed.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

July 27, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUN 06 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0173
Date:	7-28-2022
Amount Paid:	\$175 6-30-22 spol-A JTB
Other:	
Refund:	

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: PETER + KELLY THOMPSON				Mailing Address: 3843 N. OAKLEY AVE				City/State/Zip: CHICAGO, IL 60618				Telephone: 773 600 9893			
Address of Property: 3557 TWIN BAY ROAD				City/State/Zip: SOLON SPRINGS, WI 54873								Cell Phone:			
Email: (print clearly) p8thompson@gmail.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 1980		Recorded Document: (Showing Ownership)									
1/4, 1/4		Gov't Lot		Lot(s) 3		CSM 1360		Vol & Page 8, 179		CSM Doc # 1360		Lot(s) #		Block #	
Section		Township		N, Range		W		Town of:		Lot Size		Acreage 4.4			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 100 + FOOT feet		
<input type="checkbox"/> Non-Shoreland	100 + FOOT TO WETLANDS			

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$449,900	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: in ground gravity	<input type="checkbox"/>
	<input type="checkbox"/> Conversion of existing bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Prop. on	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
			<input type="checkbox"/> Year Round	<input type="checkbox"/> Compost Toilet		
			<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 63'	Width: 56'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(63 X 56)	
		with Loft	(X)	
		with a Porch	(16 X 12)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input checked="" type="checkbox"/> Other: (explain) SHORT TERM RENTAL	(X)	1,700	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): P. Thompson Kelly Thompson
(If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)

Date: 5/31/22

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) (See Note below)

Date: 5/31/22

Address to send permit: 3843 N. OAKLEY AVE, CHICAGO, IL 60618

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

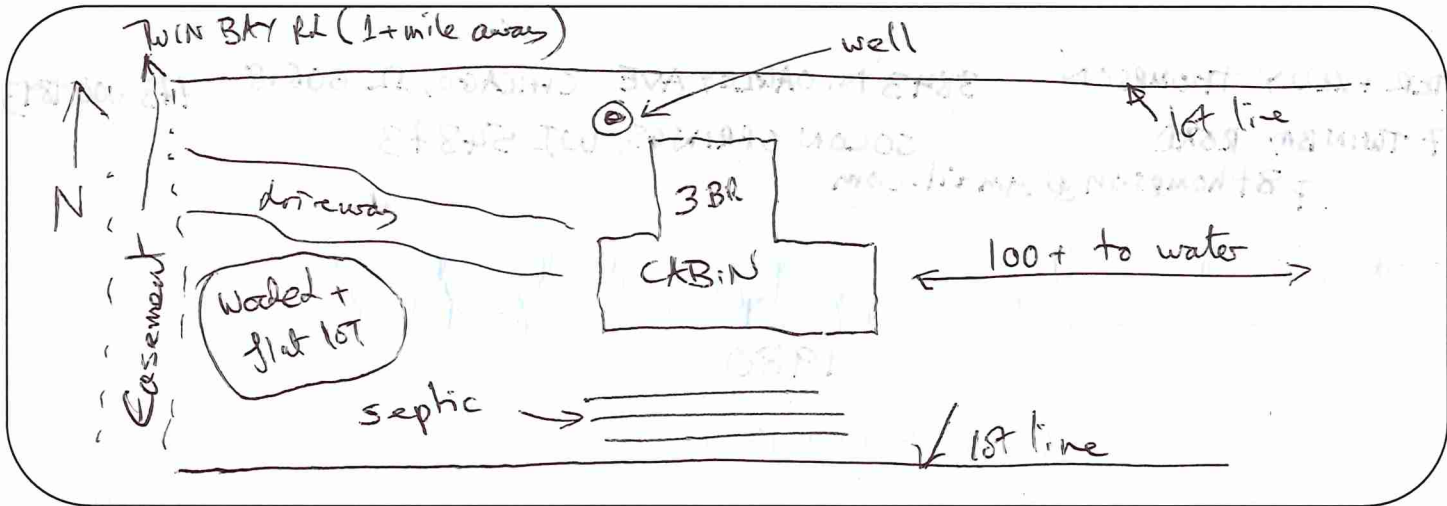
All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

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Issuance Information (County Use Only)	Sanitary Number: 21-515	# of bedrooms: 3	Sanitary Date: 3/21/21
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0173	Permit Date: 7-28-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Zoning District (R-3) Lakes Classification ()		
Date of Inspection: 7/7/21	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Maintain license w Public Health + Room Tax at conditions with the town - MAX occupancy 3 Bedroom/sleeping areas based on septic sizing			
Signature of Inspector: [Signature]			Date of Approval: 7/14/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.wi.gov

Website:
www.bayfieldcounty.wi.gov

Date Zoning Received: (Stamp Here)

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner PETER + KELLY THOMPSON

Contractor _____

Property Address 3557 TWIN BAY ROAD

Authorized Agent _____

OLON SPRINGS, WI 54873

Agent's Telephone _____

Telephone 773 600 9893

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

_____ 1/4 of _____ 1/4, Section 16, Township 44 N., Range 09 W. Town of BARNES

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# 1360

Volume 8 Page 179 of Deeds Tax I.D.# 1980 Acreage 4.4

Additional Legal Description: _____

Applicant: (State what you are asking for) Zoning District: _____ Lakes Classification _____

SHORT TERM RENTAL PERMIT

We, the Town Board, TOWN OF Barnes, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Fits in with land use plan, Septic & Setbacks ok.

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: _____

Supervisor: _____

Supervisor: _____

Supervisor: _____

Clerk: Admi Hoff - deputy

Date: 6-21-22

LUPC Minutes

Land Use Plan Commission Meeting

Meeting called to order at 4:00 on June 14, 2022

Absent: Bill Webb, Diane Rupnow

In Attendance: Jeff Johnson, Greg Strasser, Seana Frint Karl Kastrosky to represent Sundquist.

Public comment session: K Kastrosky updated on possible future of trailer park. Nothing set in stone yet but owners are hoping to re-do water/septic, clean-up/tear down and put up a few single housing units to rent and/or mini-storage. Ideas are still being debated.

Peter and Kelly Thompson 3557 Twin Bay Rd Class A Special Use application for short term rental. Motion by Johnson to approve. 2nd by Frint. Discussion: Fits in with land use plan. Septic and setbacks ok. County is getting a little fussier about applications being 100% filled out. Box with question "Are wetlands present" not checked so the county may send the application back to be done again. Motion carries.

Kelby and Whitney Sundquist 55945 Island Dr Class A Special Use application for short term rental. Motion to approve by Johnson. 2nd by Frint. Septic and setbacks ok. Fits in with land use plan. Motion carries.

Meeting adjourned. 4:20

Application Number
04012102-2021

Project Type
Residential

Square Footage
3150 sq. ft

Description
New Construction

Application Date
Apr 1, 2021

Permit Status
Permit Issued

Property Details	Contact Info	Fees	Project Review	Setbacks	Comments	Issuance Info	Timeline
Setback			Submitted	Final	Status	Compliance	Comments
North Lot Line			59.13 ft		Confirmed	Yes	
South Lot Line			76.17 ft		Confirmed	Yes	
East Lot Line			328.31 ft		Confirmed	Yes	
West Lot Line			300.91 ft		Confirmed	Yes	
Centerline of Platted Road			0 ft	40 ft	Corrected	Yes	
River Stream Creek or Lake			454.88 ft		Confirmed	Yes	Resolved
Wetland			134.15 ft		Confirmed	Yes	
Sanitary			0 ft	25 ft	Corrected	Yes	
Well			30.39 ft		Confirmed	Yes	
Established Right-of-Way			0 ft	40 ft	Corrected	Yes	

Edit



Structures - Inspection Status

- Needs Inspection
- Inspected
- Incomplete Inspection
- Survey Required

Parcels



Real Estate Bayfield County Property Listing

Today's Date: 7/15/2022

Property Status: **Current**

Created On: 3/15/2006 1:14:46 PM



Description

Updated: 12/29/2020

Tax ID: 1980
PIN: 04-004-2-44-09-16-1 05-002-90000
Legacy PIN: 004110908991
Map ID:
Municipality: (004) TOWN OF BARNES
STR: S16 T44N R09W
Description: LOT 3 CSM #1360 IN V.8 P.179
(LOCATED IN GOVT LOT 2 & SE NW)
(PRIVATE WATERBED NOT INCLUDED)
IN DOC 2020R-586231 TOG WITH &
SUBJ TO EASE

Recorded Acres: 4.430
Calculated Acres: 4.406
Lottery Claims: 0
First Dollar: Yes
Zoning: (R-3) Residential-3
ESN: 104



Tax Districts

Updated: 3/15/2006

1 STATE
04 COUNTY
004 TOWN OF BARNES
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 12/23/2020 **2020R-586231**

CONVERSION

Date Recorded: 500054 914-789;920-854

WARRANTY DEED

Date Recorded: 6/24/2005 2005R-500054

LAND CONTRACT

Date Recorded: 3/30/2005 2005R-498261

CERTIFIED SURVEY MAP

Date Recorded: 3/2/2005 2005R-497838 8-170



Ownership

Updated: 12/29/2020

PETER & KELLY THOMPSON CHICAGO IL

Billing Address:

PETER & KELLY THOMPSON
3843N OAKLEY AVE
CHICAGO IL 60618

Mailing Address:

PETER & KELLY THOMPSON
3843N OAKLEY AVE
CHICAGO IL 60618



Site Address * indicates Private Road

3557 TWIN BAY RD SOLON SPRINGS 54873



Property Assessment

Updated: 3/25/2022

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	4.430	60,000	22,100

2-Year Comparison

	2021	2022	Change
Land:	60,000	60,000	0.0%
Improved:	0	22,100	100.0%
Total:	60,000	82,100	36.8%



Property History

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X Shoreland/Wetland**
SIGN –
SPECIAL – **A (Tn of Barnes-6/21/2022)**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0173** Issued To: **Peter & Kelly Thompson**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **16** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **3** Block Subdivision CSM# **1360**
IN V.8 P.179 IN DOC 2020R-586231 TOG WITH & SUBJ TO EASE

Residential Use in R-3 zoning district
For: **(1-Unit) Short Term Rental of existing 1-Story Residence (63' x 56'), Covered Porch (16' x 12'); Height 16'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): To be rented as a 3-bedroom residence. Contact County Health Department for permits.
Town/State/DNR permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

July 28, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 15 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:

22-0169

Date:

7-27-2022

Amount Paid:

\$135 7-12-22
Res Arch JTB

Other:

\$100 7-12-22
Imp Surf JTB

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		DANIEL P. + KARIN P. JEATRAN		Mailing Address:		1625 BERKSHIRE DR.		City/State/Zip:	
Address of Property:		5830 SMITH LAKE RD.		City/State/Zip:		BARNES WI 54873		ELM GROVE WI 53122	
Email: (print clearly)		DPJEATRAN@GMAIL.COM		Telephone:		HOME		262-860-8842	
Contractor:		KEN MAROSE		Contractor Phone:		608-359-8866		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		1205		Recorded Document: (Showing Ownership)	
1/4, 1/4		Gov't Lot 1		Lot(s)		CSM		Vol & Page	
Section 02		Township 44		N, Range 09		W		Town of: BARNES	
Lot Size		300' x 1500'		Acreage		10			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: 260 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 45,000.	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: IN GROUND SEPTIC	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> RV	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> GARAGE	1	<input checked="" type="checkbox"/> SLAB	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 28'	Width: 40'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) GARAGE 28' x 40' x 10'	(28 X 40)	1120

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

Fill Out in Ink – NO PENCIL

PLEASE SEE ATTACHED DRAWING.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	260 Feet
Setback from the Established Right-of-Way	525 Feet	Setback from the River, Stream, Creek	- Feet
		Setback from the Bank or Bluff	- Feet
Setback from the North Lot Line	260 Feet		
Setback from the South Lot Line	525 Feet	Setback from Wetland	- Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	210 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	P/A Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0169		Permit Date: 7-27-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		

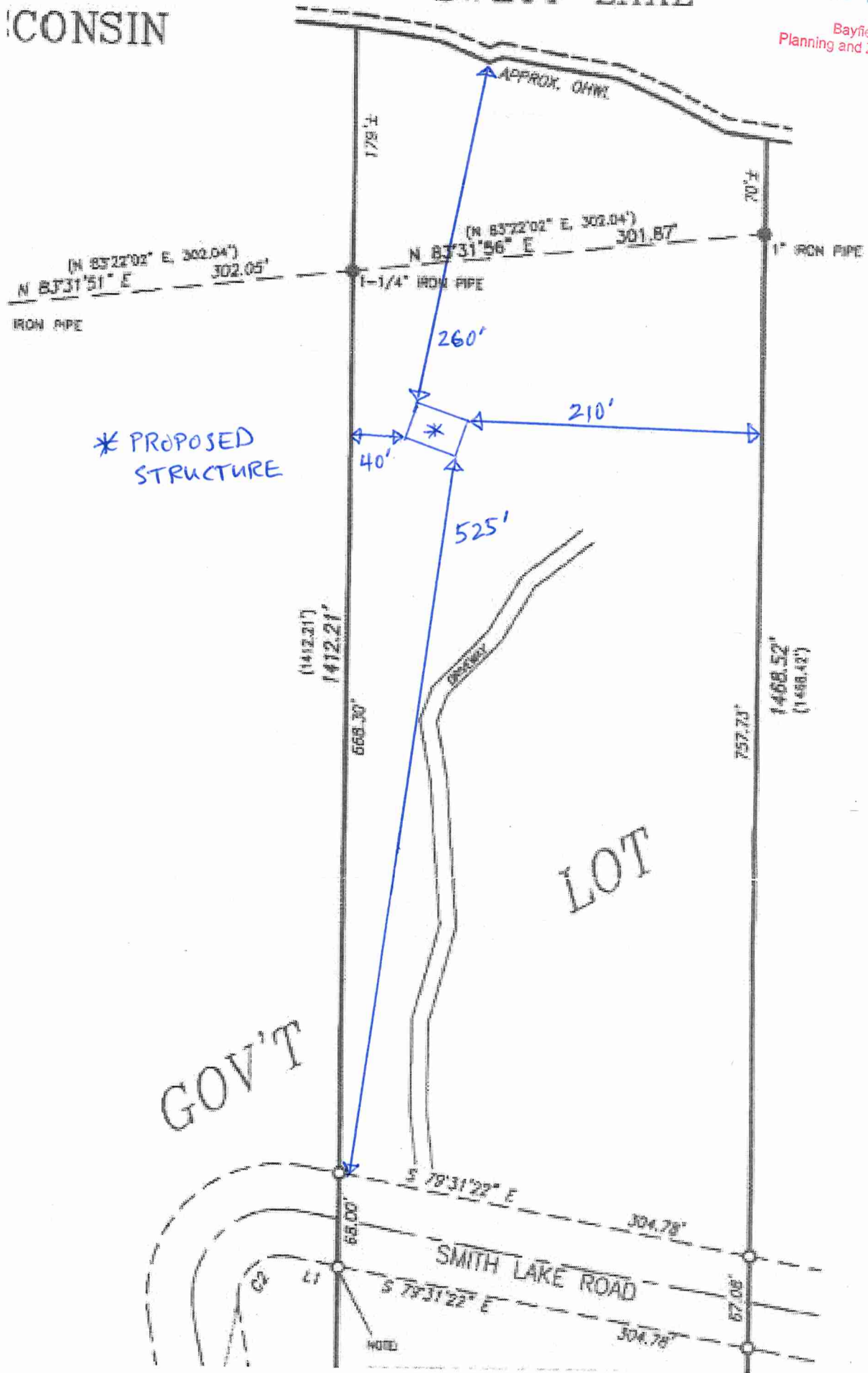
MENT
THE
CONSIN

SWETT LAKE

RECEIVED

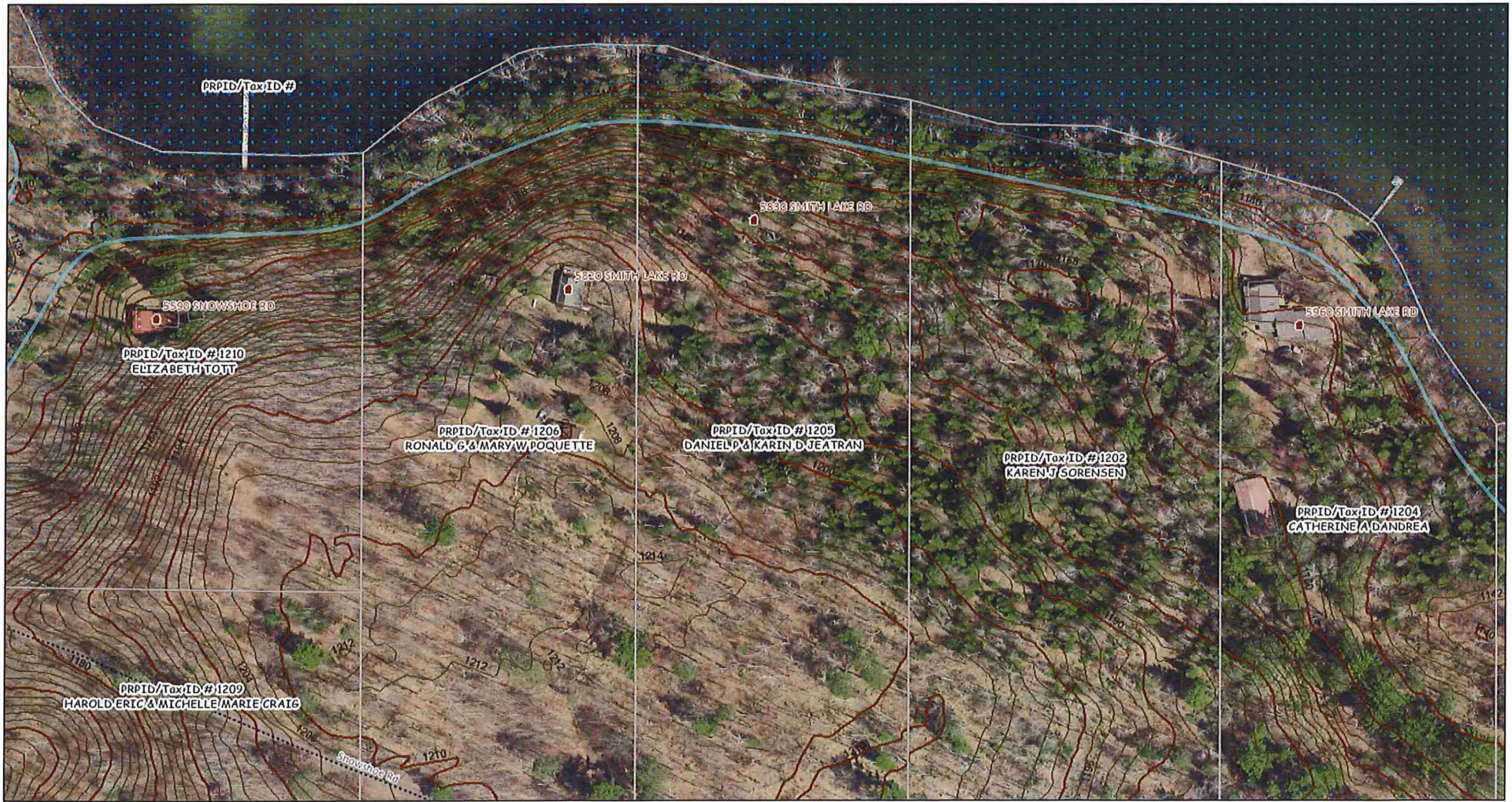
JUN 15 2022

Bayfield Co.
Planning and Zoning Agency



1

Bayfield County, WI



7/13/2022, 7:31:51 AM

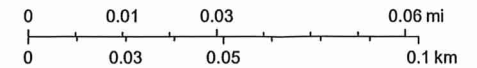
- Wellands
- Rivers
- Approximate Parcel Boundary
- Road Type**
- Private

Flood Plain Boundaries Active Dec 16th, 2011

A = Areas with a 1% annual chance of flooding and 26% chance of flooding over the life of a 30 yr. mortgage.

- | | | | |
|----------------------------|------------------------------|------------------------------|--------------------------|
| Building Footprint 2015 | Intermediate | bayfield_gis.SDE.Gull_Island | bayfield_gis.SDE.T_Tripp |
| Building | bayfield_gis.SDE.T_Bayfield | Index | Index |
| bayfield_gis.SDE.T_Cable | Index | Intermediate | Intermediate |
| Index | Intermediate | bayfield_gis.SDE.T_Washburn | Index |
| Intermediate | bayfield_gis.SDE.T_Barksdale | Index | Intermediate |
| bayfield_gis.SDE.T_Bayview | Index | Intermediate | |
| Index | Intermediate | | |

1:1,250



Bayfield, Bayfield County Land Records Department

\$100
RECEIVED
JUN 15 2022
Bayfield Co.
Planning and Zoning Agency

Bayfield County
Impervious Surface Calculations

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): DANIEL P. & KARIN D. JEATRAN				
Mailing Address: 1625 BERKSHIRE DR. ELM GROVE WI 53122		Property Address: 5830 SMITH LAKE RD. BARNES WI 54873		
Legal Description: _____ 1/4, _____ 1/4,		Section, Township, Range Sec 02 Township 44 N, Range 09 W		
Authorized Agent/Contractor _____		Gov't Lot 1	Lot #	CSM#
Lot(s) #	Block(s) #	Subdivision		Town of: BARNES
Parcel ID # (PIN #) 04- 004-2-44-09-02-1 05-001-40000		Tax ID # 1205		Date: 6/13/22

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- a. Maintenance and repair of all impervious surfaces:
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.



Impervious Surface Item	Dimension	Area (Square Footage)
Existing House	—	
Existing Accessory Building/Garage	—	
Existing Sidewalk(s), Patio(s) & Deck(s)	—	
Existing Covered Porch(es), Driveway & Other Structures	—	
Proposed Addition/House	—	
Proposed Accessory Building/Garage	28' x 40'	1120
Proposed Sidewalk(s) & Patio(s)	—	
Proposed Covered Porch(es) & Deck(s)	—	
Proposed Driveway	—	
Proposed Other Structures	—	
Total:		

- a. Total square footage of lot: 300' x 1500' = 450,000
- b. Total impervious surface area: 1120
- c. Percentage of impervious surface area: $100 \times (b)/a =$ 0.25

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% 67,500 @ 30% 135,000

Issuance Information (County Use Only)	Date of Inspection: <u>7/12/22</u>
Inspection Record: <u>1st Structure</u>	zoning type: _____ lot area: _____
Condition(s):	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>7/15/22</u>

Real Estate Bayfield County Property Listing

Today's Date: 7/13/2022

Property Status: **Current**

Created On: 3/15/2006 1:14:44 PM



Description

Updated: 10/21/2020

Tax ID: 1205
PIN: 04-004-2-44-09-02-1 05-001-40000
 Legacy PIN: 004104107000
 Map ID:
 Municipality: (004) TOWN OF BARNES
 STR: S02 T44N R09W
 Description: PAR IN LOT 1 IN DOC 2020R- 584796 345C
 Recorded Acres: 10.000
 Calculated Acres: 10.782
 Lottery Claims: 0
 First Dollar: No
 Zoning: (R-3) Residential-3
 ESN: 104



Tax Districts

Updated: 3/15/2006

1 STATE
 04 COUNTY
 004 TOWN OF BARNES
 041491 SCHL-DRUMMOND
 001700 TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 10/14/2020

2020R-584796

CONVERSION

Date Recorded:

347-160



Ownership

Updated: 10/21/2020

DANIEL P & KARIN D JEATRAN

ELM GROVE WI

Billing Address:

DANIEL P & KARIN D JEATRAN
 1625 BERKSHIRE DR
 ELM GROVE WI 53122

Mailing Address:

DANIEL P & KARIN D JEATRAN
 1625 BERKSHIRE DR
 ELM GROVE WI 53122



Site Address * indicates Private Road

5830 SMITH LAKE RD

BARNES 54873



Property Assessment

Updated: 10/4/2016

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	10.000	118,100	0

2-Year Comparison

	2021	2022	Change
Land:	118,100	118,100	0.0%
Improved:	0	0	0.0%
Total:	118,100	118,100	0.0%



Property History

N/A

*R-2 = 2020
 7/13 - started prep survey*

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**

SANITARY –

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0169** Issued To: **Daniel & Karin Jeatran**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **2** Township **44** N. Range **9** W.
Town of Barnes

PAR IN

Gov't Lot Lot **1** Block Subdivision IN DOC 2020R-584796 345C

Residential Structure in R-3 zoning district

For: Accessory: [1- Story]; Garage (28' x 40') = 1120 sq. ft.] Height of 10'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

July 27, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

JUN 10 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0174
Date:	7-28-2022
Amount Paid:	\$175 Res Acc Bldg \$100 Imp Surc 6-28-22 JTB
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:	Cornell Randy S + Michelle A	Mailing Address:	10935 Lund Rd E	City/State/Zip:	Maple, WI 54854	Telephone:				
Address of Property:	54755 Timberwolf Tr	City/State/Zip:	Barnes, WI 54873	Cell Phone:						
Email: (print clearly)	thirty8fordguy@yahoo.com	Contractor Phone:	715-739-6245	Plumber:		Plumber Phone:	715-292-3622			
Contractor:	Del Jerome	Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Required (for Agent)				
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Tax ID#	3879	Recorded Document: (Showing Ownership)	2017 R 569617					
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:	
1/4, 1/4			55						Pawnee Add to Potawatomi	
Section	19	Township	45	N, Range	809	W	Town of:	Barnes	Lot Size	Acreage
									1.495	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 170 feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$40,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 150 gallon tank w/drain field	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 24	Width: 24	Height: 13'6"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) garage	(24 X 24)	576
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Randy Cornell Michelle Cornell
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-9-22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 10935 Lund Rd E Maple, WI 54854

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

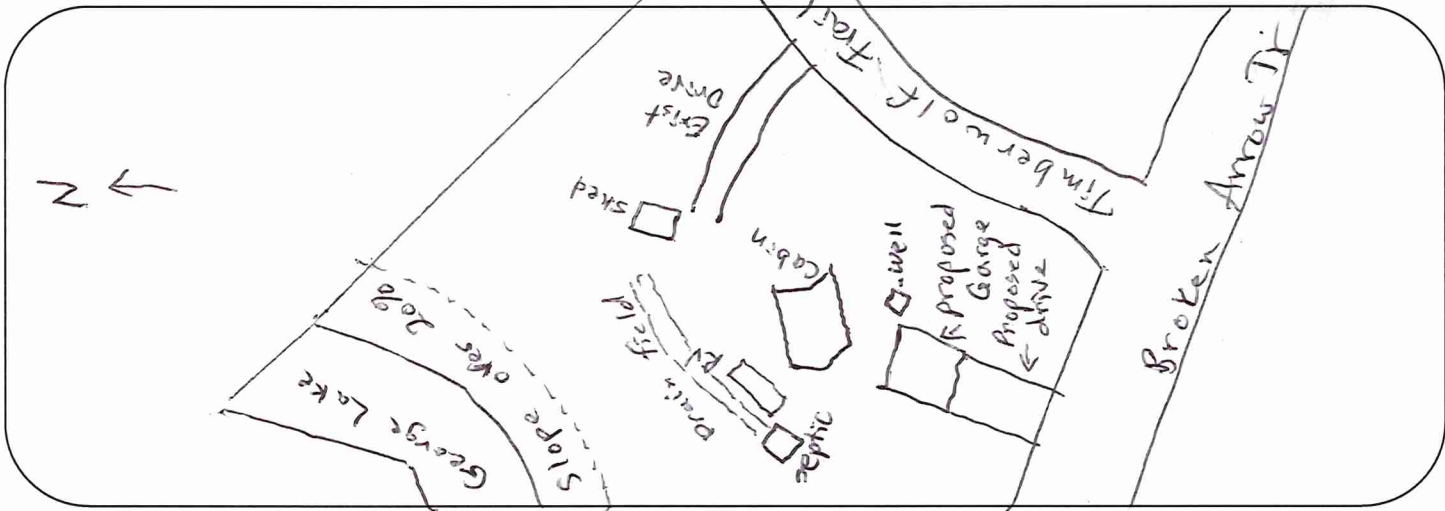
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	82 Feet	Setback from the Lake (ordinary high-water mark)	170 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	94 Feet
Setback from the North Lot Line	189 Feet		
Setback from the South Lot Line	49 Feet	Setback from Wetland	
Setback from the West Lot Line	42 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	5 Feet
Setback to Drain Field	56 Feet		
Setback to Privy (Portable, Composting)			
<small>Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.</small>			
<small>Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.</small>			

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

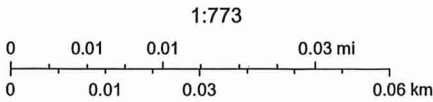
Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 22-0174		Permit Date: 7-28-2022					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: RV upon Drain field				Zoning District (R-1) Lakes Classification (3)			
Date of Inspection: 7/7/22		Inspected by: [Signature]		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)							
- Move RV & structures 10ft from drainfield & 5ft from tank - Maintain setbacks - Storage Not for Human Habitation or sleeping - if pressurized water enters structure gets split							
Signature of Inspector: [Signature]						Date of Approval: 7/19/22	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

Bayfield County, WI



7/5/2022, 11:28:25 AM

- Wetlands Approximate Parcel Boundary Building Footprint 2015
- Rivers Road Type Building
- Lakes Town



Bayfield County Land Records Department

\$100

Bayfield County
Impervious Surface Calculations

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): Randy and Michelle Cornell				
Mailing Address: 10935 Lund Rd E. Maple, WI 54854		Property Address: 54755 Timberwolf Tr Soton Barnes, WI 54873		
Legal Description: _____ 1/4, _____ 1/4, Pawnee Add to Potawatomi Lot 55		Section, Township, Range Sec 19 Township 45 N N, Range 09 W		
Authorized Agent/Contractor Del Jerome		Gov't Lot	Lot #	CSM#
Lot(s) # 55	Block(s) #	Subdivision Pawnee Add to Potawatomi Lot 55		Town of: Barnes
Parcel ID # (PIN #) 04-004-2-45-09-19-1 00-244-23000		Tax ID # 3879		Date: 6-2 - 2022

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:


- a. Maintenance and repair of all impervious surfaces:
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface Item	Dimension	Area (Square Footage)
Existing House	16 x 36	728
Existing Accessory Building/Garage	8 x 12	96
Existing Sidewalk(s), Patio(s) & Deck(s)	8 x 36 10 x 20	288 200
Existing Covered Porch(es), Driveway & Other Structures	8 x 36 103 x 14 Porch Drive	288 1730
Proposed Addition/House		
Proposed Accessory Building/Garage	24 x 24	576
Proposed Sidewalk(s) & Patio(s)		
Proposed Covered Porch(es) & Deck(s)		
Proposed Driveway	30' x 40'	1200
Proposed Other Structures		
PV trailer (Existing)	8 x 27	216
Total:		2888 3746

- a. Total square footage of lot: 65,340
- b. Total impervious surface area: 3,746
- c. Percentage of impervious surface area: 100 x (b)/a = 5.73 %

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% @ 30%

Issuance Information (County Use Only)	Date of Inspection: 7/7/22
Inspection Record:	<div> <div> </div> <div> </div> </div>
Condition(s):	<div> <div>Stormwater Management Plan Required:</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
Signature of Inspector: 	Date of Approval: 7/15/22

Real Estate Bayfield County Property Listing

Today's Date: 7/5/2022

Property Status: **Current**

Created On: 3/15/2006 1:14:52 PM



Description

Updated: 9/1/2017

Tax ID: 3879
PIN: 04-004-2-45-09-19-1 00-244-23000
Legacy PIN: 004130205000
Map ID:
Municipality: (004) TOWN OF BARNES
STR: S19 T45N R09W
Description: PAWNEE ADD TO POTAWATOMI LOT 55
IN DOC 2017R-569617
Recorded Acres: 2.670
Calculated Acres: 1.495
Lottery Claims: 0
First Dollar: Yes
Zoning: (R-1) Residential-1
ESN: 104



Tax Districts

Updated: 3/15/2006

1 STATE
04 COUNTY
004 TOWN OF BARNES
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 8/18/2017

2017R-569617

CONVERSION

Date Recorded:

475281 786-194;831-467;831-468



Ownership

Updated: 9/1/2017

RANDY S & MICHELLE A CORNELL

MAPLE WI

Billing Address:

RANDY S & MICHELLE A CORNELL
10935 LUND RD EAST
MAPLE WI 54854

Mailing Address:

RANDY S & MICHELLE A CORNELL
10935 LUND RD EAST
MAPLE WI 54854



Site Address * indicates Private Road

54755 TIMBERWOLF TRL

BARNES 54873



Property Assessment

Updated: 3/25/2022

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.670	27,300	78,100

2-Year Comparison

	2021	2022	Change
Land:	27,300	27,300	0.0%
Improved:	55,300	78,100	41.2%
Total:	82,600	105,400	27.6%



Property History

N/A

RV 5000
Prairie to 1/4

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0174** Issued To: **Randy & Michelle Cornell**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **19** Township **45** N. Range **9** W.
Town of **Barnes**

Gov't Lot Lot **55** Block Subdivision **PAWNEE ADD TO POTAWATOMI** IN
DOC 2017R-569617

Residential Structure in R-1 zoning district

For: **Accessory: [1- Story]; Garage (24' x 24') = 576 sq. ft.] Height of 13'6"**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must meet and maintain setbacks including eaves and overhangs. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Move RV & structures 10 ft from drainfield and 5 ft from tank.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

July 28, 2022

Date

MIT: COMPLETED APPLICATION, TAX
EMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

NOV 17 2021

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0171
Date:	7-27-2022
Amount Paid:	\$75 11-30-21-20 Res Add (Decks)
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jason + Cindy Sikorski				Mailing Address: 7578 S. Marsik Rd Lake Nebagamon, WI				City/State/Zip: S4849				Telephone: 715 817-0073			
Address of Property: 55600 Red Oak Drive				City/State/Zip: Barnes, WI S4873								Cell Phone: 715 817-0072			
Email: (print clearly) csikorski0073@gmail.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		35593		Recorded Document: (Showing Ownership)		2021R		586974			
1/4, 1/4		Gov't Lot 3		Lot(s) 1		CSM 1664		Vol & Page 10 P.9		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section		Township		N, Range		W		Town of:		Barnes		Lot Size		Acreage 1.010	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 722 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$500	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic leech field	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Back Deck		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 16'	Width: 16'	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	256
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(16 X 16)	256
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	(X)	
	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Accessory Building (explain)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jason Sikorski Cindy Sikorski
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 11/12/21

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

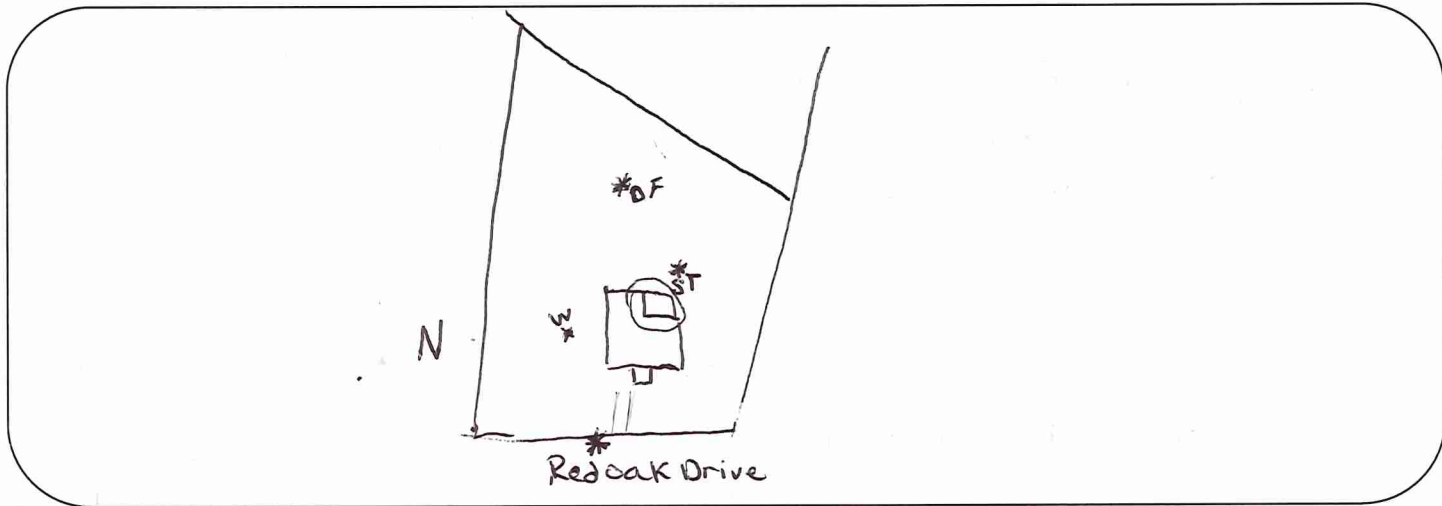
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	722 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	49 Feet	Setback from Wetland	672 Feet
Setback from the South Lot Line	46 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	176 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	122 Feet		
Setback to Septic Tank or Holding Tank	22 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 367578	# of bedrooms: 3	Sanitary Date: 5/23/01
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0171	Permit Date: 7-27-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (R-1) Lakes Classification (N/A)	
Date of Inspection: 7/7/22	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Build as proposed, - Get UOC Inspections if required			
Signature of Inspector: [Signature]		Date of Approval: 7/14/22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – Existing (# 367578)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0171** Issued To: **Jason & Cindy Sikorski**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **17** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1664**
IN V.10 P.9 IN DOC 2021R-586974

Residential Structure in R-1 zoning district

For: **Add/Alt: Deck (16' x 16') = 256 sq. ft.**

Condition(s): **A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction (if applicable). Meet and maintain setbacks as approved including eaves and overhangs. Build as proposed.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

July 27, 2022

Date